
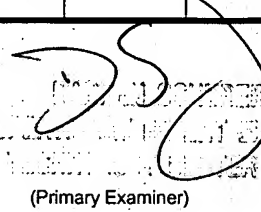


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|--|-------------------------|---|--|
| <b>Issue Classification</b><br> | Application/Control No. | Applicant(s)/Patent under Reexamination |  |
|  | 10/772,093              | MANCHESTER ET AL.                       |  |
|  | Examiner                | Art Unit                                |  |
|  | Jaydi A. Aguirrechea    | 2834                                    |  |

| ISSUE CLASSIFICATION                                    |          |   |   |      |   |                                   |  |  |  |
|---|----------|---|---|------|---|-----------------------------------|--|--|--|
| ORIGINAL  |          |   |   |      | CROSS REFERENCE(S)  |                                   |  |  |  |
| CLASS   | SUBCLASS |   |   |      | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |
| 310   | 328      |   |   |      | 310   | 311                               |  |  |  |
| INTERNATIONAL CLASSIFICATION                            |          |   |   |      |   |                                   |  |  |  |
| B   | 0        | 8 | B | 3/12 |   |                                   |  |  |  |
|   |          |   |   | /    |   |                                   |  |  |  |
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|   |          |   |   | /    |   |                                   |  |  |  |
| J. AGUIRRECHEA 12/5/05<br>(Assistant Examiner) (Date)   |          |   |   |      | <br>JAYDI A. AGUIRRECHEA<br>(Primary Examiner) (Date) 12/12/05 |                                   |  |  |  |
| Hawkins 12/12/05<br>(Legal Instruments Examiner) (Date) |          |   |   |      |   |                                   |  |  |  |
|   |          |   |   |      | Total Claims Allowed: 17  |                                   |  |  |  |
|   |          |   |   |      | O.G. Print Claim(s) 1   |                                   |  |  |  |
|   |          |   |   |      | O.G. Print Fig. 7   |                                   |  |  |  |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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